[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.

5. Information Disclosure Statement (IDS) is enclosed:

Copies of IDS Citations

PTO-1449

05/10/2000 WANT

PTO/SB/29 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
and Trademark Office: U.S. DEPARTMENT OF COMMERCE

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATION
	TOTAL CLAIMS 37 C.F.R. § 1.18(c) or (J))	15 -20* =		x \$=	\$
1	NDEPENDENT CLAIMS 37 C.F.R.§1.16(b) or (i))	3 -3**=		x \$=	
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (37 C.F.R. § 1.18(d))	+ \$=	
				BASIC FEE (37 C.F.R. §1.16)	
		690.00			
	Reduction by 50% for filing Relssue claims in excess				
	690.00				
S. Small en	* Reissue Independent clai tity status:	*PETITION FOR	R EXTENSION OF T	TIME (3 MOS)	870.00
a. 🔲 A	small entity stateme	ent is enclosed, if (b) and (c) do not app	oly.	
b.□ A	small entity stateme	nt was filed in the	prior nonprovisional	application	1560.00 TO
c. 🔲 Is	no longer claimed.	proportana acont			
 The Con Deposit A 	nmissioner is hereby Account No. $\frac{14}{}$	authorized to cred	dit overpayments or o	charge the follow	ing fees to
a. ≨ x F∈	ees required under 3	7 C.F.R. § 1.16.	-		
	ees required under 3				
c. 🔲 Fe	ees required under 3	7 C.F.R. § 1.18.			
B. 🔲 Aich	eck in the amount of	S	is enclosed		

NOTE:

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

9. XX Other:Three Month Extension of Time.....

10. NEW CORRESPONDENCE ADDRESS								
☐ Custom	ner Number or Bar Code Label (Insert Cu	istomer No. or Ati	fach bar code label here)	or 🔯	₫ Nev	v correspondence address below		
Name	Kurt G. Briscoe, Esq. Reg. No. 33,141							
	Norris McLaughlin & Marcus, P.A.							
Address	660 White P	lains Roa	đ					
City	Tarrytown	State	NY	Zip Co	de	10591		
Country	USA	Telephone	914 332 1700	,	Fax	914 332 1844		

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
Name (Print /Type)	Kyrr G. Briscoe, Esq.				
Signature	11/4				
Registration No. (Attorney/Agent)	33 14				
Date	5/8/00				



APPENDIX

Attorney Docket No.

Beiersdorf 474 KGB

NORRIS McLAUGHLIN & MARCUS, P.A. 660 White Plains Road Tarrytown, NY 10591-5144 914-332-1700

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